



# Supreme Court of Wisconsin

BOARD OF BAR EXAMINERS  
110 EAST MAIN STREET, SUITE 715  
MADISON, WI 53703-3328  
TELEPHONE: (608) 266-9760

## AMENDMENT TO APPLICATION

Please check one of the following:

\_\_\_\_ DIPLOMA PRIVILEGE    \_\_\_\_ WISCONSIN BAR EXAMINATION    \_\_\_\_ PROOF OF PRACTICE ELSEWHERE

(This form must be notarized. All attachments must be typewritten. You may copy this form.)

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I, \_\_\_\_\_, understand that my application for admission to the practice of law in  
(name)

Wisconsin is a continuing application and for this reason amend my application with the following additional facts and information which correctly and fully bring the previously filed Applicant Questionnaire and Affidavit to a current status. This amendment applies to question(s) \_\_\_\_\_ of my application:

(Attach additional pages as necessary.)

STATE OF \_\_\_\_\_ )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, being first duly sworn, on oath depose and say  
(applicant name)

that I have read, or have had read to me, the foregoing amendment and all attachments, and that the information contained therein is true and correct.

\_\_\_\_\_  
**Signature of Applicant**

Subscribed and Sworn to before me this \_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

Notary Seal or Stamp

\_\_\_\_\_  
Notary Public\* (Print name)

\_\_\_\_\_  
Notary Public (Sign name)

My commission: \_\_\_\_ expires \_\_\_\_\_.  
\_\_\_\_ is permanent.

\*A notarial seal or stamp is required.